



Master Record Number	101099586
Type Of Crash	Fatal
Approved By	11663

## Tennessee Electronic Traffic Crash Report

### Incident Information

Date of Crash <b>2/3/2016</b>		Day Of Crash <b>Wednesday</b>		Local Agency Number <b>0470000</b>		Reporting Agency Name <b>Knox Co Sheriffs Office</b>		Agency Tracking Number <b>1602030223</b>	
Time of Crash <b>19:32</b>		Time Notified <b>19:32</b>		Time Arrived <b>19:32</b>		County <b>Knox</b>		City	
Total Vehicles <b>1</b>		Total Occupants <b>2</b>		Total Non-Occupants <b>0</b>		Total Killed <b>1</b>		Total Injured <b>1</b>	
Total UnInjured <b>0</b>		Hit and Run <b>N</b>		Solved		Police Pursuit <b>N</b>		School Bus Involved <b>No</b>	
Photos Taken <b>Y</b>		By <b>Police</b>		Photographer Name <b>X 11 CAMPBELL</b>					
Area <b>Residential</b>				Interchange Related <b>N</b>		Intersection Type <b>Not at Intersection</b>			
Block Number <b>7632</b>		Roadway Number		Roadway Name <b>BELL RD</b>				Suffix	
Mile Marker <b>0.00</b>		Estimated Distance <b>100.00</b>		Distance Type <b>Feet</b>		Direction <b>South</b>		From Highway/Intersection <b>MOUNTAIN RISE DR</b>	
Suffix		Intersect Number		Roadway Local Id		Intersect Local Id			
Relation To Junction <b>Non-Junction</b>				Relation to Roadway <b>Shoulder</b>				Route Signing <b>County Route</b>	
Work Zone <b>None</b>				Construction Zone					
Construction Location				Workers Present					
First Harmful Event <b>Standing Tree</b>				Trafficway Type <b>Trafficway-OPEN</b>					
Weather Conditions <b>Clear</b>		Light conditions <b>Dark-Not Lighted</b>		Latitude <b>36.108240</b>		Longitude <b>-83.898680</b>		Rail Crossing Id	
Manner of Collision <b>Not Collision with Motor Vehicle in Transport</b>									
1st Collision Factor				2nd Collision Factor			3rd Collision Factor		

### Incident Management

Secondary Crash <b>N</b>		Secondary Crash Type		Blockage Occurred <b>N</b>	
Roadway / Lanes Blocked			Roadway Lanes/ Cleared		
Lanes Blocked					
Incident Started			Incident Cleared		

### Investigating Officer Details

Investigation Complete <b>Y</b>		Rank <b>PTL</b>		First Name <b>STEVE</b>		Middle Initial		Last Name <b>LANE</b>		Suffix	
Badge Number <b>11520</b>		District/Zone <b>104</b>		Car Number <b>T-6</b>		Report Date <b>02/04/2016</b>					

### Assisting Officers

Rank <b>LT</b>		First Name <b>DAVID</b>		Middle Name		Last Name <b>AMBURN</b>		Suffix	
Badge Number <b>0000</b>		District / Zone <b>104</b>		Car Number <b>300</b>		Report Signed		Report Date	

Vehicle Number 1	Number of Occupants 2	Driver Presence Driver Operated
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## Driver Information

First Name <b>HARLEY</b>		Middle Initial <b>T</b>	Last Name <b>MARTIN</b>		Suffix	Date Of Birth <b>5/5/1987</b>	Age <b>28</b>
Address Line 1 <b>703 RACCOON VALLEY RD</b>			Address Line 2		City <b>Maynardville</b>	State <b>TN</b>	Zip Code <b>37807</b>
Phone 1 <b>0000000000</b>	Phone 2	Phone 3	Race <b>Caucasian/Mexican/Puerto Rican/Other White</b>		Ethnicity <b>Non-Hispanic</b>		Gender <b>M</b>
Drivers License Number <b>101473651</b>		Drivers License State <b>TN</b>		Expiration Date <b>2017</b>	Drivers License Class <b>D</b>	Drivers License Status <b>Valid</b>	
Safety Equipment <b>Unknown</b>				Airbag <b>Available-Unknown Deployed</b>		Seat Position <b>Front Seat-Left Side</b>	
Endorsement 1 <b>None</b>		Complied With		Endorsement 2		Complied With	
Restriction 1 <b>None</b>		Complied With		Restriction 2		Complied With	
Ejected <b>Not Ejected</b>		Ejection Path			Trapped/Extricated <b>Not Trapped</b>		
Injury Code <b>Incapacitating</b>		Medical Transport <b>EMS-Ground</b>		Ambulance/Hospital <b>UT</b>			

## Driver Conditions and Actions

Hit and Run <b>No Hit And Run</b>		Driver/Vehicle Maneuver <b>Going Straight</b>		Distraction <b>Unknown</b>	
Driver's 1st Condition <b>Unknown</b>		Driver's 2nd Condition		Driver's 3rd Condition	
Driver's 1st Action <b>Failure To Keep In Proper Lane</b>		Drivers 2nd Action <b>Speed Too Fast For Conditions</b>			
Driver's 3rd Action <b>Reckless Negligent Driving</b>		Driver's 4th Action			

## Alcohol and Drugs

Presence of Alcohol <b>Yes</b>		Determination Method <b>Evidential Test (Breath, Blood, Urine)</b>		Alcohol Test Status <b>Test Given</b>	
1st Alcohol Test Type <b>Whole Blood</b>		1st Alcohol Test Result <b>.18</b>		2nd Alcohol Test Result	
Presence of Drugs <b>No</b>		Determination Method <b>Evidential Test (Breath, Blood, Urine)</b>		Drug Test Status <b>Test Given</b>	
1st Drug Test Type <b>Blood Test</b>		1st Drug Test Result <b>Unknown</b>		2nd Drug Test Result	
2nd Drug Test Type		2nd Drug Test Result		3rd Drug Test Result	

## Driver Violations

1st Violation	1st Violation Category <b>Pending</b>	1st Violation Description	1st Violation Statute
2nd Violation	2nd Violation Category <b>Pending</b>	2nd Violation Description	2nd Violation Statute
3rd Violation	3rd Violation Category	3rd Violation Description	3rd Violation Statute
4th Violation	4th Violation Category	4th Violation Description	4th Violation Statute
5th Violation	5th Violation Category	5th Violation Description	5th Violation Statute

## Vehicle Information

Owner Same as Driver <b>N</b>		Owner First Name <b>SARAH</b>		Owner Middle Name <b>E</b>		Owner Last Name <b>HOWE</b>		Owner Suffix	
Address Line 1 <b>417 RED BUD CIR</b>			Address Line 2			City <b>Luttrell</b>		State <b>TN</b>	Zip Code <b>37779</b>
Phone 2		Phone 3		Vehicle Year <b>2012</b>		Vehicle Make <b>KIA</b>		Vehicle Model <b>SOUL</b>	
VIN <b>KNDJT2A61C7424938</b>		License Plate Number <b>G5841T</b>		State <b>Tennessee</b>		Plate Expiration <b>102016</b>		Body Style <b>Four-Door Sedan Hardtop</b>	
HAZMAT? <b>N</b>		FMCSA Reportable? <b>N</b>		Bus Use <b>Not Used As School Bus</b>		Unit Type <b>Motor Vehicle In-Transport</b>			
Gross Weight <b>10000 or Less-No Haz-8 Or Less</b>						Vehicle Configuration			
Vehicle Operation Type <b>Personally Owned/Used</b>						Cargo Body Type			
1st Factor <b>NONE</b>				2nd Factor			3rd Factor		
Vehicle Special Use <b>No Special Use</b>						Emergency Use <b>N</b>		Override/Underride	
Towed <b>Towed Due To Vehicle Damage</b>				Towed Location <b>CEDAR BLUFF WRECKER SERVICE</b>					
1st Trailer		1st Trailer License Plate Information			2nd Trailer			2nd Trailer License Information	
Insurance 1		Insurance 1 Type <b>Unknown</b>		Insurance 1 Carrier				Insurance 1 Start Date	Insurance 1 End Date
Insurance 2		Insurance 2 Type		Insurance 2 Carrier				Insurance 2 Start Date	Insurance 2 End Date
Insurance 3		Insurance 3 Type		Insurance 3 Carrier				Insurance 3 Start Date	Insurance 3 End Date

## Vehicle Damage and Roadway Characteristics

Most Harmful Event <b>Standing Tree</b>								Fire in Vehicle <b>Y</b>	
Events 1 <b>Standing Tree</b>			Events 2			Events 3			
Events 4			Events 5			Events 6			
Point of First Impact <b>All Areas</b>			Extent of Damage <b>Disabling Damage</b>			Officer Damage Estimate <b>Greater Than 400 Dollars</b>			
Areas of Vehicle Damage <b>All Areas</b>									
Travel Direction <b>North</b>			Traveling On <b>BELL RD</b>						
Trafficway Flow <b>Two-Way Not Divided</b>			Roadway Surface Type <b>Asphalt</b>			Number of Travel Lanes <b>Two Lanes</b>			
Trafficway Hazards <b>None</b>									
Traffic Control Devices <b>No Control</b>			Traffic Control Device Functioning <b>No Controls</b>			Roadway Route Signing <b>County Route</b>			
Roadway Surface Conditions <b>Wet</b>			Roadway Character Alignment <b>Straight</b>			Roadway Character Profile <b>Level</b>			
Speed Limit <b>30</b>		Access control <b>No Control</b>							

## Occupants

Person Type <b>Passenger</b>									
First Name <b>SARAH</b>		Middle Name <b>E</b>		Last Name <b>HOWE</b>		Suffix	Date Of Birth <b>3/24/1987</b>	Age <b>28</b>	
Address Line 1 <b>417 RED BUD CIR</b>			Address Line 2			City <b>Luttrell</b>		State <b>TN</b>	Zip Code <b>37779</b>
Phone 1 <b>0000000000</b>		Phone 2		Phone 3		Gender <b>F</b>		Seating Position <b>Front Seat-Right Side</b>	
Airbag <b>Available-Unknown Deployed</b>			Safety Equipment <b>Unknown</b>						
Ejected <b>Not Ejected</b>			Ejection Path				Trapped/Extricated <b>Not Trapped</b>		
Injury Code <b>Fatal</b>			Medical Transport <b>EMS-Air</b>				Ambulance/Hospital <b>UT</b>		

## Alcohol and Drugs

Presence of Alcohol <b>No</b>		Determination Method		Alcohol Test Status <b>Test Not Given</b>							
1st Alcohol Test Type		1st Alcohol Test Result		2nd Alcohol Test Type		2nd Alcohol Test Result					
Presence Of Drugs <b>No</b>		Determination Method		Drug Test Status <b>Test Not Given</b>							
1st Drug Test Type		1st Drug Test Result		2nd Drug Test Type		2nd Drug Test Result		3rd Drug Test Type		3rd Drug Test Result	

## Violations

1st Violation	1st Violation Category	1st Violation Description	1st Violation Statute
2nd Violation	2nd Violation Category	2nd Violation Description	2nd Violation Statute
3rd Violation	3rd Violation Category	3rd Violation Description	3rd Violation Statute
4th Violation	4th Violation Category	4th Violation Description	4th Violation Statute
5th Violation	5th Violation Category	5th Violation Description	5th Violation Statute

## Commercial Carrier Information

US DOT	Carrier Name				Carrier Type		ICC MC	TN DOS	
Address Line 1		Address Line 2			City		State	Zip Code	Phone
1st Hazardous Materials	HAZMAT Class	Placard	Placard #	Released	Hazardous Materials Released				
2nd Hazardous Materials	HAZMAT Class	Placard	Placard #	Released	Hazardous Materials Released				
3rd Hazardous Materials	HAZMAT Class	Placard	Placard #	Released	Hazardous Materials Released				

**Collision Witnesses**

First Name <b>DANNY</b>	Middle Name	Last Name <b>HICKEY</b>	Suffix	Date Of Birth
Address Line 1 <b>7616 BELL RD</b>	Address Line 2	City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37838</b>
Phone 1 <b>8652156000</b>	Phone 2 <b>8652565605</b>	Phone 3		

**Property Owner Information**

Other Property Damages <b>Private Property-Under 400</b>		Property Description <b>MAIL BOX</b>		
First Name <b>SHAWN</b>	Middle Name <b>D</b>	Last Name <b>NICHOLSON</b>	Suffix	
Address Line 1 <b>7632 BELL RD</b>	Address Line 2	City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37838</b>
Phone 1 <b>8656847348</b>	Phone 2	Phone 3		

**Narrative**

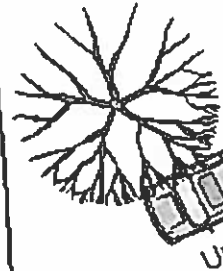
On 02/03/2016 at 1932 hours, I officer Lane, T-6 was called to Bell Rd to investigate an auto accident. After hearing statements from officers and a witness on the scene I determined that Driver 1 was traveling at a high rate of speed on Emory Rd. passing other vehicles on the double yellow line. Chief Henderson witnessed driver 1 speeding and passing the other vehicles. Chief Henderson observed vehicle 1 turn right onto Brown Gap Rd. Chief Henderson called Lt Amburn and advised Amburn about driver 1's reckless behavior. Lt Amburn was standing by at Brown Gap and Crippen Rd. Lt Amburn states driver 1 saw him sitting on Brown Gap with his blue lights activated and, without slowing down, driver 1 slid his vehicle sideways and through a ditch, almost hitting Lt Amburn head on. Driver 1 then sped off at a high rate of speed down Brown Gap Rd. then turning onto Bell Rd. traveling east bound. Vehicle 1 crossed Emory Rd and continued onto Bell Rd. While negotiating a curve driver 1 lost control, ran off the road and hit a tree. Vehicle 1 caught fire. The passenger was found next to the passenger side of the vehicle. The driver was pulled from the vehicle. The passenger was air-lifted to UT Hospital where she later passed away from her injuries. While in the hospital, driver 1 made a statement to Lt Amburn that he should not have been driving because he was under the influence of an intoxicant.

Master Record Number/Incident ID=**101099586** (2 documents)

 COLLISION (11/17/2017)  DIAGRAM (11/17/2017)  Map

*Not To Scale*

Bell Rd



7632